NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

I Rep	orti	na l	nform	ation
ME.	JOII			unon

Year: Sprng 2014

Fill in circle if amendment O

FOR OFFICE USE ONLY DELIVERED

RECEIVED JAN 15 2014

Il Client Information

Name: New York City College of Technology, The City University of New York

End date of Business Relationship (Actual or Anticipated) if applicable:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

Permanent Business Address: 300 Jay street

City: Brooklyn

State: New York

ZIP code: 11201

Phone: 718.260.5400

III Business Relationship with an En Instructions: Fill out this section only if the Relation and fill out Section IV.	itity onship is with an Entity.	If the Relationship is with	n a State Person, skip this sec	ction
Entity Name:				
Entity Address:			TID	
City:	State:		ZIP code:	
Phone:				
State Person with the Requisite Involvement in	n the Entity:			
Last name:	First no	ame:		
State Person's Agency or Legislative Body of	Employment:			
Public Office Address:				
City:	State:		ZIP code:	
Phone:				
Check here if using addendum sheet for add	litional State Person(s	s) with the Requisite In	volvement in the Entity:	0
Description of Business Relationship(s):				
Dosenphon of Dosenbox				
Compensation (Actual or Anticipated):	\$.00		
	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual o	Amcipaled).	¥		
De la	ial or Anticipated):	Month:	Year:	
Beginning date of Business Relationship (Actu	Jul of Afficipated).	711011111.		

Year:

Month:

			THE RESIDENCE OF THE PERSON OF
V Business Relationship with a Sto	ate Person	With a Dalationship is w	ith an Entity skip this sec
nstructions: Fill out this section only if the Relati	ionship is with a State Person.	if the kelationship is w	in an entity, skip into seco
ate Person Last Name: Di Mango State Perso		n First Name: Patricia	
Agency or Legislative Body of Employment:			
Public Office Address: New York State Supreme (Court, 320 Jay Street		
City: Brooklyn	State: NewYo	ork ZIP	P code: 11201
Phone:			
Description of Business Relationship(s):Justice [Di Mango is an Adjunct Professo	r in the Department of I	Law & Paralegal Studies at
New York City College of Technology, Spring 2014	, , , , , , , , , , , , , , , , , , , ,	·	
New York City College of Technology, Spring 2014			
Compensation (Actual or Anticipated):	\$ 7,857	.00	
Expenses (Actual or Anticipated):	\$.00	
Total Compensation and Expenses (Actual or Anticipated):		\$7857	.00
Total Compensation and Expenses (Figure			
Beginning date of Business Relationship (Actu	ual or Anticipated):	Month: January	Year: 2014
End date of Business Relationship (Actual or Anticipated) if applicable:		Month:	Year:
End date of bosiness kelationship (Actod of	Armeiparea in applicable.		
Check here if using addendum sheet for add	ditional State Person(s): O		
V Declaration			

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE:

DATE: Jan - 14, 2014

PRINT NAME: LAST

HOTZLER

FIRST \ <

Mark One:

Chief Administrative Officer

O Designee(Attach Letter)